

**PUTNAM COUNTY PLANNING & DEVELOPMENT** 

117 Putnam Drive, Suite B & Eatonton, GA 31024 Tel: 706-485-2776 ◊ 706-485-0552 fax ◊ www.putnamcountyga.us

## **REQUEST FOR FINAL PLAT SUBDIVISION INSPECTION**

THE UNDERSIGNED HEREBY REQUESTS AN INSPECTION OF THE SUBDIVISION FOR FINAL PLAT APPROVAL.

APPLICANT: ADDRESS:		
PHONE:	CELL:	
PROPERTY:		

SUBDIVISION	NAME:	
LOCATION:		
MAP	PARCEL	NUMBER OF ACRES

# SUPPORTING INFORMATION ATTACHED TO APPLICATION:

_RED-LINED PRELIMINARY PLAT (1 COPIES)
 COPIES OF THE AS-BUILT FINAL PLAT ( 2 COPIES)
CONSTRUCTION PLANS FOR ROADS AND UTILITIES
COMPACTION REPORTS

\*APPLICANT HEREBY AFFIRMS THAT APPLICANT IS THE PROPERTY OWNER OR HAS THE LEGAL AUTHORITY TO SIGN THIS FORM ON OWNER'S BEHALF AND APPLICANT AGREES TO INDEMNIFY AND HOLD PUTNAM COUNTY HARMLESS IN THE EVENT IT IS DETERMINED APPLICANT DOES NOT HAVE SUCH LEGAL AUTHORITY.

\*SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

### FOR OFFICE USE

Land Disturbance *P&D	Date:		
Sub-grade Proof-roll *PW	Date:	Witnessed By:	
Wearing Course Proof-roll *PW	Date:	Witnessed By:	
Compaction Test Report *PW	Date:	Approved By:	
Final Stabilization *P&D	Date:	Approved By:	
St. Signs/Lights Installation *PW	Date:	Approved By:	
Fire Chief Approval	Date:	Approved By:	
DATE FILED: CA	SH	_CHECK NO	
CREDIT CARD AMOUNT	<u>\$125.00</u>	_RECEIPT#	
*P&D (Planning & Development)			

\*PW (Public Works)



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# **REQUEST FOR FINAL PLAT SUBDIVISION APPROVAL**

THE UNDERSIGNED HEREBY REQUESTS AN INSPECTION OF SUBDIVISION FOR FINAL PLAT APPROVAL.
APPLICANT:
ADDRESS:
PHONE:
PROPERTY OWNER IS DIFFERENT FROM ABOVE:ADDRESS:
PHONE:
SUBDIVISION NAME:
SUPPORTING INFORMATION ATTACHED TO APPLICATION:
FOUR COPIES OF THE AS-BUILT SURVEY BOND FOR PERFORMANCE/MAINTENANCE DEDICATION DEEDS FOR EASEMENTS, STREETS, and RIGHT-OF-WAYS
*APPLICANT HEREBY AFFIRMS THAT APPLICANT IS THE PROPERTY OWNER OR HAS THE LEGAL AUTHORITY TO SIGN THIS FORM ON OWNER'S BEHALF AND APPLICANT AGREES TO INDEMNIFY AND HOLD PUTNAM COUNTY HARMLESS IN THE EVENT IT IS DETERMINED APPLICANT DOES NOT HAVE SUCH LEGAL AUTHORITY.
*SIGNATURE OF APPLICANT:DATE:
FOR OFFICE USE   AMOUNT \$_\$365.00 CHECK NO
CASH CREDIT CARD RECEIPT#
DATE FILED:BOC MEETINGDATE SIGNED: